

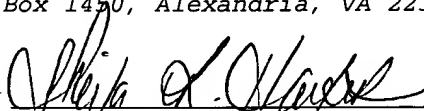


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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 1, 2004.


Signature

Appl No. : 09/945,003 Confirmation No. 1818
Applicant : Peter D. Haaland
Filed : August 31, 2001
Title : METHOD AND APPARATUS FOR MONITORING BIOLOGICAL
PROPERTIES
TC/A.U. : 1743
Examiner : Yelena G. Gakh
Docket No. : 47149/JDC/G400
Customer No. : 23363

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Post Office Box 7068
Pasadena, CA 91109-7068
July 1, 2004

Commissioner:

In response to the Office action of April 1, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

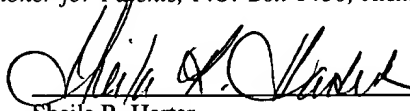
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL LETTER

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 1, 2004.


Sheila R. Harter

Applicant : Peter D. Haaland
Application No. : 09/945,003
Filed : August 31, 2001
Title : METHOD AND APPARATUS FOR MONITORING BIOLOGICAL PROPERTIES

Grp./Div. : 1743
Examiner : Yelena G. Gakh

Docket No. : 47149/JDC/G400

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Post Office Box 7068
Pasadena, CA 91109-7068
July 1, 2004

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	27	*28	0	x \$9.00	x \$18.00	
Independent Claims	2	** 3	0	x \$43.00	x \$86.00	
Multiple Dependent Claims ***				\$145.00	\$290.00	
TOTAL FILING FEE						
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"					
LIST INDEPENDENT CLAIMS: 1 and 19						
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME **** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS"						

Amendment Transmittal Letter
Application No. 09/945,003

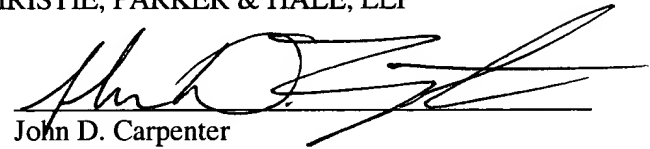
_____ Attached is our check for \$ to pay the fees calculated above.
A Petition for Extension of Time and the required fee are enclosed.
Other enclosures:

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By



John D. Carpenter
Reg. No. 34,133
626/795-9900

JDC/srh

SH PAS572657.1-* -07/1/04 10:38 AM